

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	BY-PASS VALVE UNIT FOR A HIGH PRESSURE LIQUID DELIVERY UNIT
Attorney Docket Number::	VASSANELLI1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	ITALY
Status::	Full Capacity
Given Name::	Felice

Middle Name::  
Family Name:: VASSANELLI  
Name Suffix::  
City of Residence:: CAVAION VERONESE  
State or Province of Residence:: VERONA  
Country of Residence:: ITALY  
Street of Mailing Address:: 11, Via Risorgimento  
City of Mailing Address:: CAVAION VERONESE  
State or Province of Mailing Address:: VERONA  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-37010  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
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Given Name::  
Middle Name::  
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Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	RE2003A000010	01-28-03	Yes

**Assignment Information**

Assignee Name::	S.I.S.T.E.M.A. S.R.L.
Street of Mailing Address::	1/A, Via Spagna
City of Mailing Address::	VILLAFRANCA DI VERONA
State or Province of Mailing Address::	VERONA
Country of Mailing Address::	ITALY
Postal or Zip Code of Mailing Address::	I-37069